

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM****SUBJECT:** Sheriff's Office Budget Change Request**DEPARTMENT:** Sheriff's Office **DIVISION:** _____**AUTHORIZED BY:** Sheriff Eslinger **CONTACT:** Penny Fleming **EXT.** 6617**Agenda Date** 8/12/03 **Regular** ☐ **Consent** ☒ **Work Session** ☐ **Briefing** ☐
Public Hearing – 1:30 ☐ **Public Hearing – 7:00** ☐**MOTION/RECOMMENDATION:**

Approval and authorization for the Chairman to transfer \$160,000 in reserve for contingency funds allocated in the Sheriff's FY 2002/03 adopted budget to the Sheriff's Office operating account, in accordance with the provision of section 30.49(7), Florida Statutes.

BACKGROUND:

BCR #03-74 – \$160,000 – Fund: 00100 – General Fund. It is requested that the Board of County Commissioners authorize the transfer of \$160,000.00 budgeted in the Sheriff's Office contingency account into the Sheriff's Office operating expense account in accordance with Section 30.49 (7), Florida Statutes.

Reviewed by:

Co Atty: _____

DFSS: SS PK

Other: _____

DCM: SSCM: PKFile No. CSH002

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 07/28/03 OMB# 03-74FROM: Department Sheriff's Office Division _____ Section _____

Signatures: Department Director _____ Division Manager _____

WHAT IS NEEDED:

- ☐ Accounting adjustment: Item is budgeted, but funds are in incorrect account line.
- ☒ More funds for Budgeted Item: Item is budgeted, but additional funds are required.
- ☐ New item: Item is not in this fiscal year's budget.
- ☐ Capital Substitution: Substitution or change of a currently budgeted capital item.
- ☐ Fund & Acct # _____ Budget Item # _____ Budget Amount \$ _____
- ☐ Capital replacement retention: Capital item was slated to be replaced but needs to be retained. BCC# _____

- Describe item and show calculation of all associated costs of item.
- Explain why item is needed. (If equipment is to be replaced, include description, model, year, BCC#)
- Identify source of funds and why these funds are no longer needed for their original intent.
- For savings on capital items give account #, budget item #, amount budgeted, purchase order #, and actual purchase cost.

In accordance with Section 30.49 (7) Florida Statutes, it is requested to transfer Sheriff's Office Contingency to Sheriff's Office Operating.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 00100 Fund Name General

	ACCOUNT NUMBER	ACCOUNT TITLE	AMOUNT
TRANSFER FROM	<u>999901-59099390</u>	<u>Sheriff's</u>	<u>\$ 160,000</u>
		<u>Reserve for Contingency</u>	
		TOTAL	\$ 160,000
TRANSFER TO	<u>013001-59096330</u>	<u>Operating</u>	<u>\$ 160,000</u>
		TOTAL:	\$ 160,000

CONCURRENCE OF OTHER INVOLVED DIVISIONS (ie: Comp Svcs/hard & software; Fleet/vehicles; Purchasing/capital; Sppt. Svcs; etc)

Signature _____

Div or Dept _____

OMB RECOMMENDATION: ☒ Approval ☐ Disapproval Analyst Deborah [Signature] Adm. Mgr. _____

APPROVING AUTHORITY: _____ OMB Director _____ County Manager X BCC (Meeting Date) 8-12-03

☐ Approved ☐ Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____